



JFR

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/607,721

Filing Date June 27, 2003

First Named Inventor Peter J. Houzego

Art Unit 3763

Examiner Name

Attorney Docket Number PHAG 100 DIV

ENCLOSURES (Check all that apply)

- | | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | two (2) pages of PTO-1449; five (5) references; return postcard |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Pabst Patent Group LLP

Signature

Printed name Tiffany B. Salmon

Date July 26, 2005

Reg. No. 55,589

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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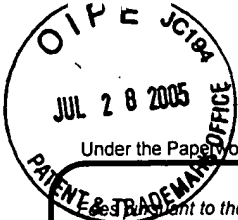
Typed or printed name Ronna Berman

Date July 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PHAG 100 DIV / 078230-00035



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Effective on 12/08/2004.

as pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/607,721
Filing Date	June 27, 2003
First Named Inventor	Peter J. Houzego
Examiner Name	
Art Unit	3763
Attorney Docket No.	PHAG 100 DIV

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
12 - 20 or HP =	0	x	= 0			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2 - 3 or HP =	0	x	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	55,589	Telephone	(404) 879-2151
Name (Print/Type)	Tiffany B. Salmon	Date	July 26, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Peter J. Houzego, Peter N. Morgan, Peter H. Hirst, Duncan J. Westland, and Ian R. Wilding

Serial No.: 10/607,721

Art Unit: 3763

Filed: June 27, 2003

Examiner: Not Yet Assigned

For: *AN INGESTIBLE DEVICE*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicants submit a Supplemental Information Disclosure Statement, including two (2) pages of Form PTO-1449, and copies of the five (5) documents cited therein.

This Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(b) prior to a first Office Action on the merits. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

U.S. Patents

<u>Number</u>	<u>Issue Date</u>	<u>Patentee</u>	<u>Class/Subclass</u>
4,844,076	07-04-1989	Lesho, et al.	128/631
5,951,594	09-14-1999	Kerver	607/32

Publications

Electronic ID, Inc., "DESTRON-FEARING Electronic ID Background,"
<http://www.electronicidinc.com/eidback.html>, pp. 1-3.

Smalley Steel Ring Company, "Wave Springs" <http://www.smalley.com/spring.asp>.

STAIB, et al., "Measurement of theophylline absorption from different regions of gastro-intestinal tract using a remote controlled drug delivery device" *Eur. J. of Clin. Pharmacol.* 30:691-697 (1986).

Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicants invite the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicants are of the opinion that their claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



Tiffany B. Salmon
Reg. No. 55,589

Dated: July 26, 2005

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known		
				Application Number		10/607,721
				Filing Date		June 27, 2003
				First Named Inventor		Peter J. Houzego
				Group Art Unit		3763
				Examiner Name		
Sheet	2	of	2	Attorney Docket Number		PHAG 100 DIV

OTHER ART – NON PATENT LITERATURE DOCUMENTS			
Examiner's Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ²
		Electronic ID, Inc., "DESTRON-FEARING Electronic ID Background," http://www.electronicidinc.com/eidback.html , pp. 1-3.	
		Smalley Steel Ring Company, "Wave Springs" http://www.smalley.com/spring.asp .	
		STAIB, et al., "Measurement of theophylline absorption from different regions of gastro-intestinal tract using a remote controlled drug delivery device" <i>Eur. J. of Clin. Pharmacol.</i> 30:691-697 (1986).	

Examiner's Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

¹ Unique citation designation number ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant to place a check mark here if English language Translation is attached.

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